

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**. Contact the Mayor's Legislative team with questions

Please mark one: **Bill Request** or **Resolution Request** Date of Request: 9/13/2021

1. Type of Request:

- Contract//IGA/Grant Agreement** **Rezoning/Map Amendment** **Appointment**
 Dedication/Vacation **OHR Classification** **Other:**

2. Title:

Approves an intergovernmental agreement with Denver Health and Hospital Authority for \$1,390,449.56 and through 05-31-2023 to provide clinical services including testing, contract tracing, vaccination and other programming to address COVID-19 health disparities as part of the Expanded Patient Services (EPS) Program, citywide (ENVHL-202160257).

3. Requesting Agency: Department of Public Health & Environment

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Mondi Mason	Name: Will Fenton
Email: Mondi.Mason@denvergov.org	Email: William.fenton@denvergov.org

5. General description or background of proposed request; include attached executive summary if more space needed:

The purpose of this work is to reduce COVID-19-related health disparities by:

- 1) Improving and increasing testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups;
- 2) Improving local health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups;
- 3) Building on data capability established in response to COVID-19 to ensure greater capacity in future health emergencies to reduce disparities through better responsiveness; and
- 4) Enhancing data capability related to COVID-19 in a manner that helps reduce overall health disparities.

6. City Attorney assigned to this request (if applicable): Lee Zarzecki

7. **For all contracts, fill out and submit accompanying Key Contract Terms worksheet (highlight this line somehow)**

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: BR21 1079

Date Entered: _____

Key Contract Terms

Type of Contract: Grant Agreement/Sub-award Expenditure/Intergovernment Agreement

Vendor/Contractor Name: DPH/DHHA

Contract control number: ENVHL-202160257

Location: City and County of Denver

Is this a new contract? Yes No **Is this an Amendment?** Yes No **If yes, how many?** _____

Contract Term/Duration: June 1, 2021 through May 31, 2023

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
\$1,390,449.56	\$0	\$1,390,449.56

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
6/1/2021	N/A	5/31/2023

Scope of work:

The services to be provided under this subcontract’s scope of work fall under the following four areas: 1) resources and services, 2) data and reporting, 3) infrastructure support, and 4) partner mobilization.

Resources and Services

- Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved
- A. Expand mobile/pop-up clinics in most impacted neighborhoods.
 - Use mobile/pop-up clinics to increase testing, information, and vaccination availability in most impacted neighborhoods
 - Expand the ability of mobile/pop-up clinics to provide additional health services.

 - B. Expand and enhance clinics with community partners at familiar settings in most impacted neighborhoods
 - Use clinics at sites in the community to increase testing, information, and vaccination availability.
 - Expand the ability to provide additional health services at sites in the community

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Resolution/Bill Number: BR21 1079

Date Entered: _____

- C. Enhance direct support to patients and households
 - Provide continuing support associated with COVID-19 testing, treatment and vaccinations to households and people in other living situations in communities including congregate housing.
 - Support evidence-based policies related to isolation and quarantine to mitigate the spread of COVID-19.
 - Support and expand the ability to connect COVID-19 patients to needed health, social and medical resources.
 - Enhance network for providing emergency food services in collaboration with community-based partners.
 - Continue and strengthen co-enrollment in health insurance and food/nutritional support (SNAP/WIC).
 - Consult with stakeholders to leverage community partnerships to transition from COVID specific resource allocation to priority zip code short term case management/resource connections for other needs to support overall recovery plan developed by the city.
 - Identify strategies for making services more resilient during periods of additional need including health emergencies based on knowledge gained during COVID-19.

- D. Enhance support for people experiencing homelessness
 - Enhance testing and vaccination programs for PEH.
 - Enhance capacity for providing health support to PEH.
 - Expand capacity for health support beyond COVID-19 focus.
 - Develop PEH health emergency plan to guide actions and decisions in future public health emergencies.

Data and Reporting

Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic Infrastructure Support

- A. Enhance testing and contact tracing data collection and reporting capability
 - Use data to inform placement of community testing sites.
 - Shorten case interview to allow for streamlined approach.
 - Expand ability to connect off hours/weekends for testing and tracing.
 - Develop guidance for improved data collection during future health emergencies based on COVID experience.

- B. Develop data strategies to educate and foster collaboration with providers, community partners and other programs
 - Conduct community engagement associated with refining approach to testing and data collection.
 - Expand communication strategies that are more inclusive of individuals who are not using mainstream media/social media platforms.
 - Incorporate analytic approaches that incorporates modeling/projecting of impact on mitigating the impact of racism/health disparities/limited resources on health.
 - Strengthen collaborations with community partners including community driven/shared goals for data collection, analysis, and reporting.

- C. Expand capabilities for using data to reduce health disparities
 - Assign metrics to the Denver Recovery Action Plan to begin understanding which populations are most impacted by long term effects of COVID-19 and then measure impact of programs that have been developed or adapted to serve those populations.
 - Expand qualitative data collection and use this to inform policies and practice, including the development of anti-racist/community-based and driven practices for emergency preparedness.

To be completed by Mayor's Legislative Team:

- Build out the capabilities of the Denver behavioral health dashboard and integrate this information into the Denver Community Health Assessment dashboard.

Infrastructure Support

Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved

- Create and support a health equity community advisory group (CAG) to provide input and guidance on policies and communications associated with COVID and other health emergency response.
- Engage the health equity CAG in identifying and reducing health disparities in communities.

Partner Mobilization

Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved

A. Create and support community health worker (CHW)/peer navigator program

- Hire community health workers (CHW)/peer navigators from communities experiencing health disparities including those related to COVID-19. Initial focus will be COVID-19 information, testing, contact tracing and vaccinations.
- As COVID-19 infection declines, expand efforts of CHWs to provide information and improve service delivery to communities experiencing health disparities.
- Work with community-based organizations and other trusted community resources to identify and train CHWs through mentoring, apprenticeships and other activities.
- Use CHW program to bring people into the public health and health care career pipeline.

B. Collaborate with community partners to build their capacity in reducing health disparities

- Build long-term financial and educational capacity with external partners (including community-based organizations) for future health emergencies (including future testing, contact tracing and vaccination needs).
- Consult on the development of accountability metrics and plans at the neighborhood/healthcare organization level with mitigation strategy to address gaps.
- Work with funders to develop coordinated strategies for delivering assistance to community partners.

C. Enhance community partnerships to reduce health disparities

- Work with community-based organizations (CBOs) to provide information and services associated with COVID testing and vaccinations including testing and vaccination sites in prioritized communities.
- Work with community partners to develop and implement strategies for delivering information and services that help reduce other health disparities.

Was this contractor selected by competitive process? NO If not, why not? Sole Source because this grant was written in partnership with DPH/DHHA as a way to continue to build upon the COVID-19 clinical services that were deployed during the initial response to the pandemic.

Has this contractor provided these services to the City before? Yes No

Source of funds: Federal Grant funding from the USDHHS, Centers for Disease Control and Prevention

Is this contract subject to: W/MBE DBE SBE XO101 ACDBE N/A

WBE/MBE/DBE commitments (construction, design, Airport concession contracts):

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